



# National Kidney Foundation Of Michigan, Inc.



*Celebrating 50 years of  
Making Lives Better*

1169 Oak Valley Drive • Ann Arbor, Michigan 48108 • In State 800-482-1455 • 734-222-9800 • Fax 734-222-9801 • [www.nkfm.org](http://www.nkfm.org)

## House Health Policy Committee November 1, 2005 Supporting House Bill 5063

Chronic kidney disease (CKD) is a common progressive health problem. One in nine adults has CKD and most do not know it. It is the ninth leading cause of death in Michigan and is considered a growing silent epidemic in the United States. In 2004 there were 11,040 people on dialysis and 5,000 people living with a kidney transplant in Michigan. CKD can be prevented in many populations that are at high risk, and for those who already have CKD, progression towards kidney failure can be delayed. However, **in most cases, CKD is not being detected early enough to initiate treatment regimens and reduce death and disability. Early identification (using GFR testing) is recommended.**

Glomerular filtration rate (GFR) indicates the ability of the kidney's to filter and is an excellent measure of kidney function. It is calculated from the creatinine value in blood test results and is expressed as a percentage (%) of kidney function. A healthy GFR is 90 or above. A GFR of 15 or less usually indicates kidney failure, and the need for dialysis or kidney transplant to sustain life. If kidneys have already been damaged (GFR between 30-60) medications called ACE inhibitors and Angiotensin Receptor Blockers (ARB's) can protect the kidneys and keep them working for as long as possible.

HB 5063 would allow the Michigan Department of Community Health to perform "laboratory services, diagnostic services, early intervention services, and treatment for CKD" for its eligible Medicaid patients. This makes good health sense and good economic sense. Treatments for CKD costs much less than treatments for kidney failure! HB 5063 along with voluntary efforts aimed at physicians, health plans and medical laboratories can help reduce the number of people whose kidneys fail in Michigan.

The National Kidney Foundation of Michigan recommends that the House Health Policy Committee vote to support HB 5063.

Sally Joy  
Public Policy Consultant  
National Kidney Foundation of Michigan  
(kidney failure 1985)



*Keep your kidneys healthy...get checked.*

# Chronic Kidney Disease & GFR: A Clinical Action Plan

American Journal of Kidney Disease, February 2000

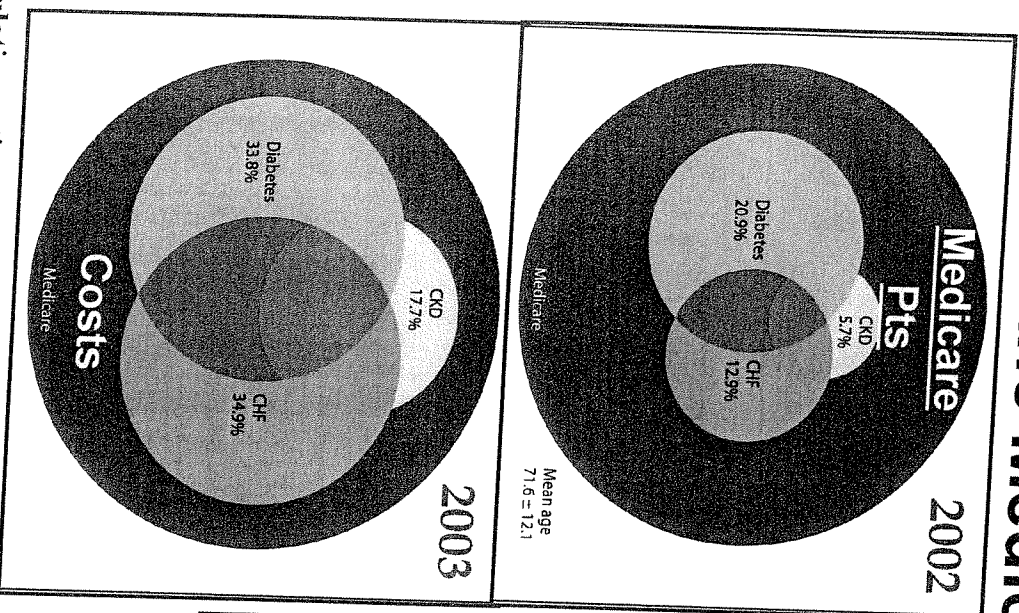
Stage	Prevalence, U.S. adults	Description	GFR	Action
	20 million	<i>At increased risk for chronic kidney disease, mostly people with diabetes, hypertension</i>	$\geq 90$	Kidney disease screening
1	5.9 million	Kidney damage with normal GFR	$\geq 90$	Diagnosis & treatment to slow/stop progression
2	5.3 million	Kidney damage with declining GFR	60-89	Continue treatments to slow/stop progression
3	7.6 million	Moderate decline in GFR	30-59	Evaluate & treat complications
4	400,000	Severe decline in GFR	15-29	Prepare for dialysis or kidney transplant
5	300,000	Kidney failure	<15	Dialysis or kidney transplant necessary to maintain life
1-5	20 million	<i>With chronic kidney disease</i>		

CKD = chronic kidney disease

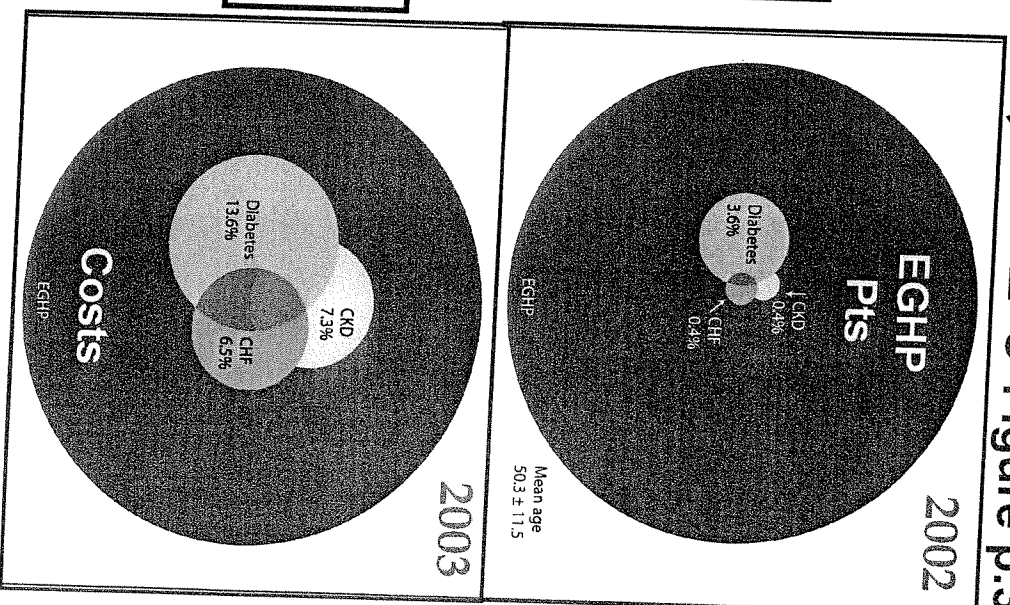
CVD = cardiovascular disease

GFR = glomerular filtration rate (% of kidney function - normal is 90-100).

# Distribution of costs for CKD, CHF, & diabetic patients in the Medicare & EGHP Pts, 2002-3 Figure p.34



**Retirees  
CKD size ?**



**Retirees  
CKD costs ?**

Population estimated from the 5 percent Medicare sample, & includes patients surviving all of 2002 with Medicare as primary payor. Diagnoses determined from claims in 2002. Patients with ESRD in the 5 percent sample are excluded. Costs are for calendar year 2003, with patients censored at development of ESRD.



October 31, 2005

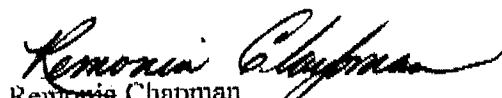
Honorable Representative Gaffney, Representative Gleason and members of the House Health Policy Committee:

I am writing on behalf of the Gift of Life Minority Organ and Tissue Transplant Education Program (MOTTEP) to ask for your support of House Bill 5063.

According to the United Network for Organ Sharing, there are more than 83,000 individuals on the national transplant waiting list. Sixteen people die each day waiting for a life saving organ transplant. Minorities make up more than half of the national kidney transplant waiting list and, in Michigan, 46% of those currently waiting for a kidney transplant are African-American. Furthermore chronic kidney disease (CKD) is a prevalent health problem unknowingly affecting many people. It is the ninth leading cause of death in Michigan and in many cases could have been prevented if detected early enough to initiate treatment. House Bill 5063 will help reduce the number of people waiting for kidney transplants and save many lives by treating people before they enter end stage renal kidney failure.

Gift of Life MOTTEP is active in the metropolitan Detroit area. Our mission is to decrease the number of ethnic and minority Americans needing organ and tissue transplants, encourage healthy lifestyles and behavioral patterns and most importantly promote prevention through our "Love Yourself, Take Care of Yourself" message.

Saving lives and preventing disease is our goal and the goal of House Bill 5063. Your support is greatly appreciated.

  
Remonia Chapman  
Director Gift of Life MOTTEP

2203 Platt Road, Ann Arbor, MI 48104



REGIONAL  
LABORATORIES

# LABORATORY REPORT

1215 E. Michigan Ave.  
Lansing, MI 48912  
517.364.7800 • FAX 517.364.7810  
800.884.2522

ATIENT XXXXXXXXXX  
5176553775

CCOUNT SHARP, MARY P. MD  
LANSING NEPHROLOGY GRP.  
1717 E. MICH AVE, #A  
LANSING MI 48912

HISTORY NUMBER		REQUISITION NUMBER		ORDER STATUS	
181992		RM R050640032		FINAL	
COLLECTION DATE		COLLECTION TIME		REPORT DATE	
SEE BELOW		SEE BELOW		03/06/05	
AGE / D.O.B.		SEX	AREA	ROUTE	PAGE
69Y 09/25/35		F	01	04	1

TEST DESCRIPTION	RESULT	EXPECTED RANGE	UNITS
ESTS ORDERED BY: SHARP, MARY P. MD			
OPY TO: PATIENT COPY			

Coll: 03/05/05 08:22 PATIENT STATUS: FASTING  
The following test performed at RM/Lab 800 E. Columbia Mason, MI  
COMPLETE BLOOD COUNT

WBC	5.5		4.0-12.0	K/CU MM
RBC	3.52		3.50-5.55	M/CU MM
HGB	11.5	L	12.0-15.0	G/DL
HCT	32.5	L	36.0-45.0	%
MCV	92		80-100	CU MICR
MCH	32.7		27.0-33.0	MMCG
MCHC	35.4		31.0-37.0	%
PLATELET COUNT	257		150-400	K/CU MM
NEUTROPHILS	47.9	L	49.0-81.0	%
LYMPHOCYTES	30.8		14.0-41.0	%
MONOCYTES	9.5		0.0-11.0	%
EOSINOPHILS	10.9	H	0.0-6.0	%
BASOPHILS	0.9		0.0-3.0	%

## RENAL FUNCTION PANEL

CALCIUM	9.6		8.0-10.5	MG/DL
PHOSPHOROUS	4.7	H	2.5-4.5	MG/DL
ALBUMIN	4.2		3.6-5.0	G/DL
BUN	29	H	6-23	MG/DL
CREATININE	1.4		0.6-1.4	MG/DL
GLUCOSE	92		65-99	MG/DL

NOTE: NEW NORMAL RANGE EFFECTIVE 11-01-04

SODIUM	141		135-145	MEQ/L
POTASSIUM(K+)	4.8		3.5-4.9	MEQ/L
CO2	25.0		20.0-30.0	MMOL/L
CHLORIDE	105		96-110	MEQ/L
ANION GAP	11		2-16	
CALCULATED GFR	39.12			ML/MIN

IF THE PATIENT IS AFRICAN-AMERICAN YOU MUST MULTIPLY THE GFR BY 1.18  
STAGES OF CHRONIC KIDNEY DISEASE (CKD)

STAGE	DESCRIPTION	GFR (ML/MIN/1.73SQ.M)
1	KIDNEY DAMAGE WITH NORMAL OR ELEVATED GFR	>90
2	KIDNEY DAMAGE WITH MILD DECREASED GFR	60-89
3	MODERATE DECREASED GFR	30-59
4	SEVERE DECREASED GFR	15-29
5	KIDNEY FAILURE	<15 OR DIALYSIS

HEPATIC PANEL

JB 3/8/05

View Lab Results

Reg#: 18342753 Name: FERRITER, MAURICE J DOB: 06/07/1952 Sex: M Age: 52 Years User Name: DTRAMEL

## Pathology Handbook

ACCN Number	Order Test Code	Order Test Name	Last Updated
ACCN: 05-147-2011 Collected: 05/27/2005 08:25	TACRO	TACROLIMUS (FK506)	Ordered: 05/27/2005 12:05
ACCN: 05-147-2011 Collected: 05/27/2005 08:25	CK	CREATINE PHOSPHOKINASE	Updated: 05/27/2005 13:28
CREATINE PHOSPHOKINASE (CK)		60	30-240 IU/L
ACCN: 05-147-2011 Collected: 05/27/2005 08:25	BASIC	Basic Metabolic Panel	Updated: 05/27/2005 13:20
SODIUM (SOD)		139	136-146 MEQ/L
POTASSIUM (POT)		5.1 H	3.5-5.0 MEQ/L
CHLORIDE (CHLOR)		103	99-111 MEQ/L
CO2 (CO2)		26	24-34 MEQ/L
UREA NITROGEN (UN)		73 H	8-20 MG/DL
CREATININE (CREAT)		3.0 H	0.9-1.3 MG/DL
GLUCOSE (GLUC)		110	73-110 MG/DL
CALCIUM (CAL)		9.2	8.6-10.2 MG/DL
ACCN: 05-147-2011 Collected: 05/27/2005 08:25	EGFR	EST GLOMERULAR FILTRATION RATE	Updated: 05/27/2005 13:20
<p><i>GFR</i></p> <p>The MDRD formula for estimation of GFR (eGFR) was developed in a population of adults (&gt;19 years old) with slowly-declining or stable reduced kidney function. The MDRD should not be used to predict eGFR in unstable patients or in children. A GFR estimate between 15 and 59 ml/min for &gt;=3 months is classified as chronic kidney disease (stage 3 or 4).</p>			
AFRICAN AMERICAN EGFR (B-EGFR)		28 L	> 59 ML/MIN
NON-AFRICAN AMERICAN EGFR (NB-EGFR)		24 L	> 59 ML/MIN
ACCN: 05-147-2011 Collected: 05/27/2005 08:25	CBQP	CBQP	Updated: 05/27/2005 13:03
MPV NORMAL RANGE: 8.7 to 11.6 fL.			
WHITE BLOOD CELL COUNT (WBC)		8.4	4.0-10.0 K/MM3
HEMOGLOBIN (HGB)		10.6 L	13.0-17.3 G/DL
HEMATOCRIT (HCT)		33.5 L	39.0-50.2 %
PLATELET COUNT (PLT)		191	150-450 K/MM3
RED BLOOD CELL COUNT (RBC)		3.16 L	4.50-5.90 M/MM3
MEAN CORPUSCULAR VOLUME (MCV)		105.9 H	80.0-100.0 fL
MEAN CORPUSCULAR HGB (MCH)		33.5	25.0-35.0 pg
MEAN CORPUSCULAR HGB CONCENTRN (MCHC)		31.6	30.0-37.0 %
RED CELL DISTRIBUTION WIDTH (RDW)		16.4 H	11.5-15.5 %
MEAN PLATELET VOLUME (MPV)		12.1	fL
ACCN: 05-147-2011 Collected: 05/27/2005 08:25	AUTO DIFF	AUTO DIFF (5 PT FROM COULTER)	Updated: 05/27/2005 13:03
NEUT % FROM COULTER (NEUT %)		55.6	36.0-75.0 %
LYMPH % FROM COULTER (LYMPH %)		38.0	20.0-50.0 %
MONO % FROM COULTER (MONO %)		6.3	3.0-10.0 %
EOS % FROM COULTER (EOS %)		1.4	0-4.0 %
BASO % FROM COULTER (BASO %)		.7	0-2.0 %
ACCN: 05-147-2011 Collected: 05/27/2005 08:25	ABSOLT CNT	ABSOLUTE COUNTS	Updated: 05/27/2005 13:03
ABSOLUTE NEUTROPHIL COUNT (NEUT #)		4.7	1.4-7.5 K/MM3
ABSOLUTE LYMPHOCYTE COUNT (LYMPH #)		3.0	0.8-5.0 K/MM3
ABSOLUTE MONOCYTE COUNT (MONO #)		0.5	0.1-1.0 K/MM3
ABSOLUTE EOSINOPHIL COUNT (EOS #)		0.1	0.0-0.4 K/MM3
ABSOLUTE BASOPHIL COUNT (BASO #)		0.1	0.0-0.2 K/MM3
ACCN: 05-147-2011 Collected: 05/27/2005 08:25	CHD	CORONARY HEART DISEASE PROFILE	Updated: 05/27/2005 12:42

For Immediate Release

**Contacts:**

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ellies@kidney.org

**NEW DIAGNOSIS CODES FOR CHRONIC KIDNEY DISEASE TO BE BASED ON  
NATIONAL KIDNEY FOUNDATION'S K/DOQI GUIDELINES**

**NEW YORK, May 31, 2005** -Expanded codes and improved terminology will lead to better care of patients with chronic kidney disease (CKD). That is the opinion of the National Kidney Foundation (NKF), which developed the staging system for CKD soon to be included in the International Classification of Diseases, Ninth Revision Clinical Modification (ICD-9-CM). **Beginning October 1, 2005**, the new codes will allow medical professionals to clearly note the stage of kidney disease they diagnose and treat.

The staging system was developed by NKF through its Kidney Disease Outcomes Quality Initiative (KDOQI). Its 2002 clinical practice guideline on CKD classification defined CKD according to objective criteria irrespective of cause and classified it into five distinct stages based on the level of kidney function. These stages were used by the National Center for Health Statistics (NCHS) in this revision of the ICD-9-CM codes. It will now be easier for physicians to bill, keep data and plan treatment based on stage of disease.

"Until now, the majority of CKD patients were lumped into the chronic renal failure category, which was not very well defined. CKD has five stages, based on estimates of glomerular filtration rate, and the treatment plan for each of these stages becomes more detailed and specific as the disease progresses," said David Warnock, M.D., president of the NKF. "We are optimistic that by using the NKF-K/DOQI guidelines in conjunction with the revised codes, medical professionals will be able to detect and treat CKD in their patients earlier, the government will glean new information about the estimated 20 million people with CKD and related health problems such as diabetes, anemia and heart disease, and most importantly, the overall outcome of our patients with CKD will be optimal."

The change made by the NCHS resulted from a collaboration that included the NKF and the Renal Physicians Association. ICD-9-CM codes and classifies morbidity data from inpatient and outpatient records, physician offices, and most NCHS surveys. NCHS serves as the World Health Organization (WHO) Collaborating Center for the Family of International Classifications of North America. It is responsible for coordination of all official disease classification activities in the U.S. relating to the ICD and its use, interpretation, and periodic revision.

Other benefits of this revision of the ICD-9-CM codes include the ability to identify CKD patients who are also kidney transplant recipients, the ability to link specific treatments to the appropriate CKD stage, and ultimately, through enhanced data collection, the ability to assess the quality of care delivered and progress made toward achieving Healthy People 2010 goals.

For more information about the new codes, contact  
<http://www.cdc.gov/nchs/datawh/ftp/serv/tpicd9/tpicd9.htm#guidelines>.

**About the National Kidney Foundation**

The National Kidney Foundation is a major voluntary health organization that seeks to prevent kidney and urinary tract diseases, improve the health and well-being of individuals and families affected by these diseases, and increase the availability of all organs for transplantation.

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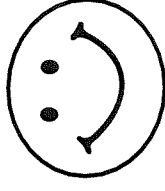
# The "Diabetes and Kidney Programs Line"

in the Department of Community Health budget:

- 1.) Preventing diabetes *especially in children*
- 2.) Preventing or delaying the complications of diabetes (kidney failure, blindness, amputation, heart attack, stroke)
- 3.) Delaying kidney failure for those who already have chronic kidney disease

A GOOD INVESTMENT

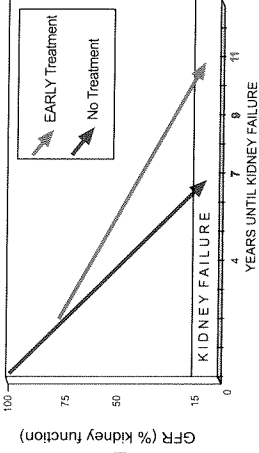
## Diabetes and kidney disease prevention is possible, powerful and proven.



Type 2 Diabetes can be prevented or delayed by exercising regularly and making wise food choices in order to reach and maintain a healthy body weight. This is very important, *especially in children*.

Chronic kidney disease caused by diabetes can be prevented or delayed by keeping blood sugar levels and blood pressure as normal as possible.

FACT:  
Clinical trials prove that diabetes and kidney disease prevention works.



Early treatment can *extend* kidney function in people with chronic kidney disease.

FACT:  
Prevention results show a fast turnaround in saving money.

Adopted from Brenner, et. al., 2001, courtesy of National Kidney Disease Education Program



**National Kidney  
Foundation™**  
Of Michigan, Inc.

## PREVENTING CHRONIC KIDNEY DISEASE

**National Kidney  
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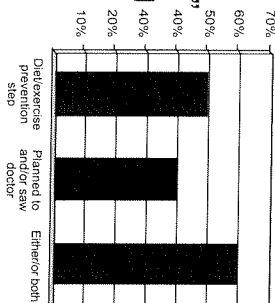
### BY ADDRESSING CHRONIC KIDNEY DISEASE IN THE HIGH-RISK AFRICAN AMERICAN POPULATION

"Healthy Hair Starts With a Healthy Body™"

12,191 beauty salon clients educated since 1999.



Clients take  
"prevention steps"  
after participating  
in the program.



Beauty salon stylists are trained to educate their clients about diabetes, high blood pressure, kidney disease, nutrition, exercise and the importance of regular check-ups.

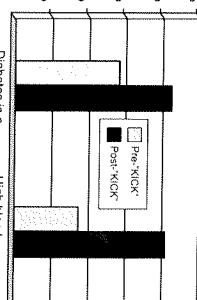
"Dodge the Punch: Live Right"

This is a new health campaign in African American barber shops to educate men.

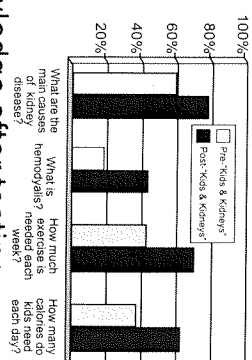
### BY TEACHING KIDS ABOUT IMPROVING THEIR HEALTH, KIDNEY DISEASE PREVENTION, AND ORGAN DONATION

"KICK" (Kids Interested in the Care of their Kidneys)

624,219 students since 1997

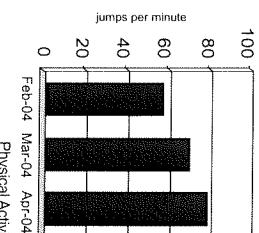
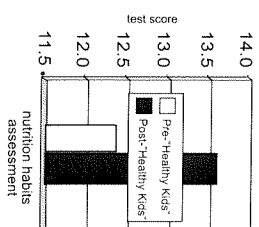
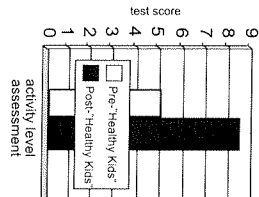


Students show a gain in knowledge after testing.



"Healthy Kids & Kidneys"

- > Targets kids at high risk for diabetes or kidney disease.
- > Builds upon school-based health clinics.
- > Provides individual and family counseling.



**FUTURE:** The newly released (March 8, 2005) *Strategic Plan for Chronic Kidney Disease Prevention* will focus on initiatives for children and adults, in communities and in health care settings, to prevent chronic kidney disease. Watch for GFR (% kidney function) results on your future laboratory blood tests!

**Michigan Diabetes Outreach Network (MDON)**

Michigan Dept. of Community Health  
Lansing, MI,  
517-335-8445  
[www.diabetesinmichigan.org](http://www.diabetesinmichigan.org)



**National Kidney Foundation of Michigan (NKF)**

1169 Oak Valley Drive  
Ann Arbor MI 48108  
800-482-1455  
[www.nkfm.org](http://www.nkfm.org)



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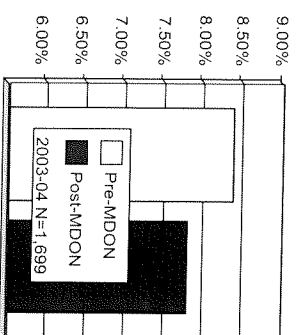
# The “Diabetes and Kidney Programs Line” implements effective programs with measurable outcomes.



Michigan Diabetes Outreach Network

## PREVENTING COMPLICATIONS OF DIABETES

BY DECREASING A1c (BLOOD SUGAR%)  
TO 7% OR LESS

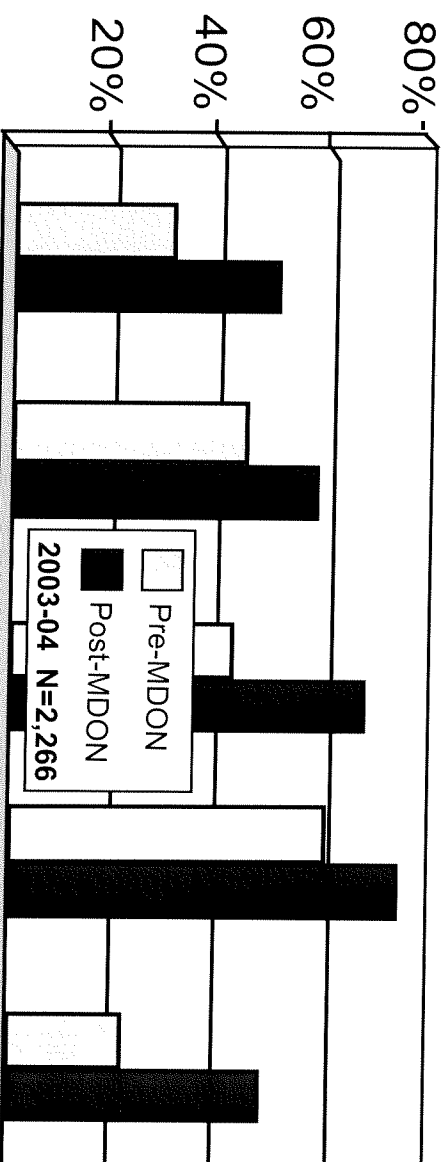


A1c (blood sugar %)

Every 1% drop in A1c results in :

- 21% decrease in death
- 43% decrease in amputations
- 24% decrease in kidney failure
- 14% decrease in heart attacks
- 12% decrease in strokes

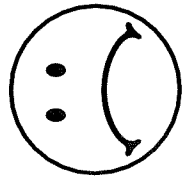
BY INCREASING TESTING FOR EARLY DETECTION



<b>preventing all complications</b>	<b>preventing blindness</b>	<b>preventing amputations</b>	<b>preventing heart disease and stroke</b>	<b>preventing kidney disease</b>
by a 22% increase in people's exercise habits	by a 14% increase in eye exams	by a 24% increase in foot exams	by a 16% increase in lipid testing	by a 26% increase in kidney testing

**FUTURE:** Preventing type 2 diabetes in children will be “a must” in future MDON programing.  
For example: Incorporating programs like “Type 2 We’re on to You” into health or science curriculums of the Michigan Model Programs.

# Michigan Must Strengthen Efforts to Turn-Around Epidemics of Diabetes and Kidney Disease



Diabetes and chronic kidney disease are two of the most urgent health problems in the U.S. today.

Diabetes is reaching epidemic proportions.

In the U.S. 16 million are afflicted. Children are at high risk because of obesity and inactivity.

More than 20 million Americans (1 in 9 adults) have chronic kidney disease, but most don't know it.

Diabetes caused 44% of kidney failure in 2003.

African Americans, Hispanics, Native Americans, and Asian Americans are all at high risk for diabetes, chronic kidney disease and kidney failure.

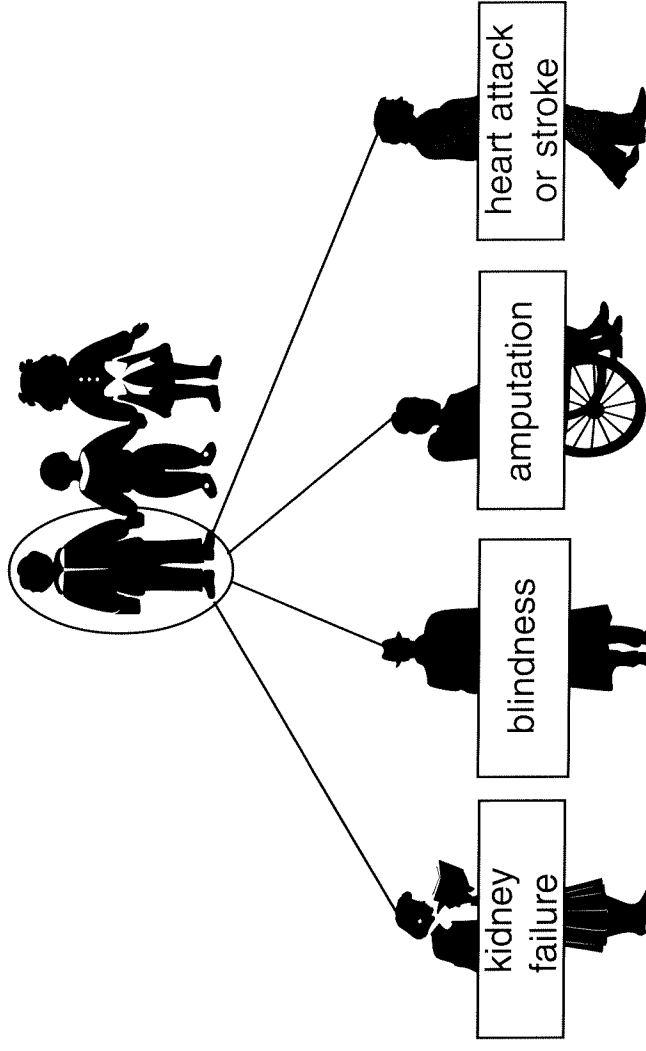
African Americans make up approximately 14% of Michigan's population but accounted for 46 % of the dialysis population in Michigan in 2002.

The increasing cost of health insurance threatens the business climate in Michigan.

Michigan Medicaid costs increase annually. (\$150 million in 2004)

Obesity and inactivity will cause 1 in 3 children born in 2000 to develop diabetes;  
1 in 2 if *African American or Hispanic*.

-Center for Disease Control-



Fast-forward 20 years.....  
Many of these "kids" will develop complications from diabetes in their 30's and 40's.